

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.	FILED DATE
APPLICANT(S)	

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4						
5						
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11						
12	1					
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14		1				
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49						
50						
TOTAL IND.	4					
TOTAL DEP.	32	↓	↓	↓	↓	↓
TOTAL CLAIMS	36					

*	*	*			
IND.	DEP.	IND.	DEP.	IND.	DEP.
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52					
53					
54					
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95					
96					
97					
98					
99					
100					
TOTAL IND.		↓		↓	
TOTAL DEP.		↓		↓	
TOTAL CLAIMS					

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

BEST AVAILABLE COPY